

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Application No.:

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Group: 1647

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Examiner:

Betty L. Lee

Confirmation No.:

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For:

TRANS-CAPSULAR ADMINISTRATION OF HIGH SPECIFICITY CYTOKINE INHIBITORS INTO ORTHOPEDIC JOINTS

CERTIFICATE OF MAILING OR TRANSMISSION

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PETITION FOR EXTENSION OF TIME

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant hereby petitions the Commissioner for Patents to extend the time for filing a Reply to the Office Action dated August 9, 2005 for one month from September 9, 2005 to October 9, 2005 under 37 C.F.R. § 1.136(a).

	•	Other than
	Small Entity	Small Entity
1 month -	\$ 60	X_\$ 120
2 months -	\$ 225	\$ 450
3 months -	\$ 510	\$1,020
4 months -	\$ 795	\$1,590
5 months -	\$1,080	\$2,160

[X] A check is enclosed in the amount of the extension fee indicated above, or the extension fee has been included in the check with the accompanying Reply.

[] Please charge Deposit Account No. 08-0380 in the amount of \$[

] to cover the cost of the extension fee.

Any deficiency or overpayment should be charged or credited to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

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